90564

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# TROUTMAN - 39-2-699 PIN# 4730 48 6413 DATE 10/26/00

OWNER OR CONTRACTOR C & S ASSOCIATES PHONE: Business 828-478-5231 Home

ADDRESS 607 ANDERSON AVE

LOCATION PERTH RD (S) - TR STATE PARK - : TR MEADOW GLEN DR - 2nd ON RT

SUBDIVISION MEADOW GLEN BLOCK / SECTION 1 LOT 128 LOT AREA .398 AC SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .360/RT 2

Septic Tank: 1000 Gallons: STB 825 Date 8/11/00
Pump Tank: 1000 Gallons: PT 302 Date 9/1/00
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 @ 60' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: PUMP 25% REDUCTION
Repair System Description: UP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other

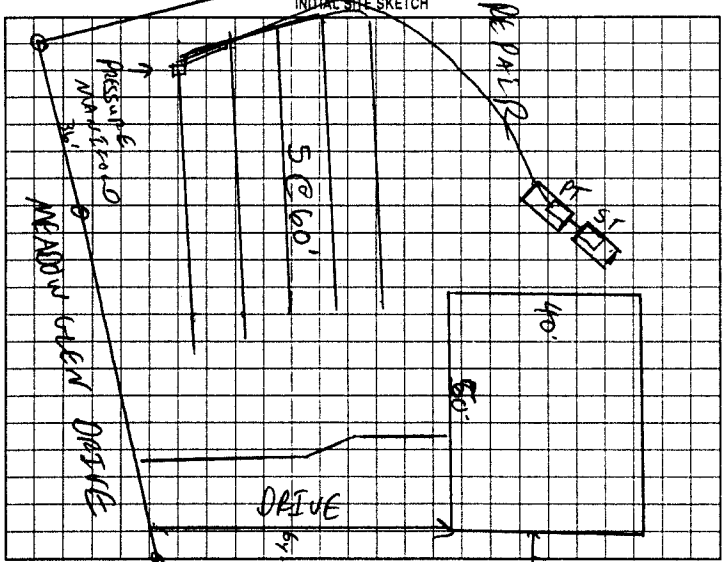
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

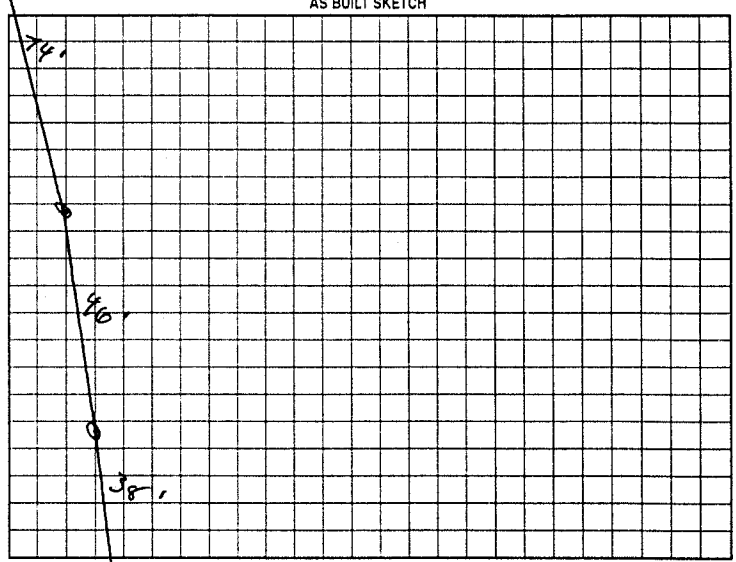
Comments/Conditions:
REVISED LOT LINES 150' AND PERMIT

Comments/Conditions
1" = 30'

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. ~~Improvement Permit with site plan valid for sixty months.~~ Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed: _____ date _____ Installed by: ROWAN SEPTIC

Improvement Permit by: C. Hyatt REHS date 10/26/00 Operation Permit by: C. Hyatt REHS date 10/26/00

Authorization to Construct by: C. Hyatt REHS date 10/26/00 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK